## STATEMENT OF

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| FORM 1  |            | ORGANIZA   | ATION   |                   | Office Use Only                 |
|---|------------|--|---|-------------------|---------------------------------|
| 1. NAME OF<br>COMMITTEE (ir   | n full)    | (Check if name is changed)                       | Example: If typing, type over the lines.  | 12FE4M5           | Mile de Oilly                   |
| MCGRAW  | HILL F     | INANCIAL INC.                                    | POLITICAL AC  | TION CON          | MITTEE; THE                     |
|   |            |  |   |                   |                                 |
| ADDRESS (number and street)   |            | 55 Water Street                                  |   |                   |                                 |
| X ◀ (Check if address is changed)   |            |  |   |                   |                                 |
|   |            | NEW YORK CITY                                    |   | NY L10<br>STATE ▲ | 041<br>ZIP CODE ▲               |
| COMMITTEE'S E-MA  | AIL ADDRES | SS   |   |                   |                                 |
|   |            | pac@mhfi.com                                     |   |                   |                                 |
|   |            | Optional Second E-Mail Add<br>john.feore@dentons |   |                   |                                 |
| COMMITTEE'S WEB  (Check if a is changed   | address    | HESS (URL)                                       |   |                   |                                 |
| 2. DATE 08 01 2015  |            |  |   |                   |                                 |
| 3. FEC IDENTIFICATION NUMBER ▶ C C00494682  |            |  |   |                   |                                 |
| 4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)   |            |  |   |                   |                                 |
| certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  |            |  |   |                   |                                 |
| Type or Print Name of Treasurer Jack Callahan   |            |  |   |                   |                                 |
| Signature of Treasurer  Jack Callahan  [Electronically Filed]  Date  08  04  2015   |            |  |   |                   |                                 |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. |            |  |   |                   |                                 |
| Office<br>Use<br>Only   |            |  | For further information<br>Federal Election Commiss<br>Toll Free 800-424-9530<br>Local 202-694-1100 |                   | FEC FORM 1<br>(Revised 06/2012) |